œ.

19. UNDERTAKER (Address)

state

Jo plnods

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Weamico Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Dow long in U.S. if of foreign birth?\_. Length of residence in city or town where death occurred Veteran specify WAR 2. FULL NAME (a) Residence: No Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.\_\_\_ OCCUPATION Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_Q\_ back 11. Total time (years) 10 Date deceased last worked at on this occupation (month and spent in this occupation. instructions (State or country) FATHER I3. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? X TL a MOTHER IS. MAIDEN NAME important. 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State m country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. I7. INFORMANT (Address) 18 BURIAL CREMATION, DR REMOVAL Manner of injury Mation Nature of injury. LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis		

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	222
County Manuel	Registration Dist. No.
Village or City Sallahury (If	No. H. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidance In city or town where death occurred 3 yrsmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Clney C. adkins	
(a) Residence: No. 4 /	St., Sward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mg/hth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of MACLIE Gardy adkins	1 HEREBY CERTIFY That I attended decassed from
6. DATE OF BIRTH (month, day, and year) and 10, 1875	Hast saw him alive on 241. 13 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
60 5 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	E home Volvular Heart Sams Value
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and state of the same of the	Chrais neplies When
10. Date deceased last worked at this occupation (month and 9/11/35 11. Total time (years) spant in this occupation / spant in this year)	
12. BIRTHPLACE (city or town)	Dthar Contributory Causes of Importance:
(Stata or country) Muffferd	
13. NAME Thistell adkins	
13. NAME / March (Caking)  14. BIRTHPLACE (city or town) (State or country)  (State or country)	Name of operation
15. MAIDEN NAME Mary Parsons	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicide?
17. INFORMANT Mrs. Elner C. Galkins.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ALLEN Cenedrus Aleborary 9/15/3519	Mannar of Injury
1) // 0/ 0 //	Nature of Injury
19. UNDERTAKER / So Sold X MANGEN CO.	24. Was disease or injury in any way related to occupation of deceased?
1 13 21 11/12 01	(Signad) There of Mann. M. D.
20. FILED Sefet 19, 19 33 6 May Jumer Registrar.	(Addrass) Dalisby Wik

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADY AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
Specification of the state of t	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

Langth of residence in city or town whate feath occurred of yes and number)  Langth of residence in city or town whate feath occurred of yes and one in U.S. If of fareign bith?  2. FULL NAME  (a) Residence: No. 10	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City  Length of residence in city or town whare feath occurred in a hospital or insistence, are in a Name instance, and on the course of the course of street and number)  2. FULL NAME  (a) Residence: No. 10 6  Ward.  (b) Ward.  (c) Residence: No. 10 6  (C) Ward.		Mann. 23
Village or City  Length of residence in city or town whare feath occurred in a hospital or insistence, are in a Name instance, and on the course of the course of street and number)  2. FULL NAME  (a) Residence: No. 10 6  Ward.  (b) Ward.  (c) Residence: No. 10 6  (C) Ward.	County// Comile	Registration Dist. No. 333
Length of residence in city or town where feath occurred of yes and sold on the control of the c		Itu. / d d d d d d d d d d d d d d d d d d
(a) Residence: No. 10 6 (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OB RACE  S. SINGLE, MARKED, WINOWED, OR DIVORCED (First the word)  5. If married, vidowed, on-diversed historical particular and state of the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than  I day,		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE OR DUDGED (Fine the word) OR DUDG	2. FULL NAME Kate M. adkins	If U.S. Veteran specify WAR.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE OR DUDGED (Fine the word) OR DUDG	(a) Residence: No. 400 E. 2m	
3. SEX  4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DUNCED Drine the word) OR DUNCED Drine the word) So. If married, widowed, and weered (cr) wife of country AGE  4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DUNCED Drine the word) OR DUNCED Drine the word)  5. LIF married, widowed, and weered (cr) wife of country  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trada, profession, or particular SAWYER, BOUNKEEPER, etc.  8. Trada, profession, or particular SAWYER, BOUNKEEPER, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL, SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL SAW MILL, BAIN, etc.  9. Industry to business in which work was done, as SILK MILL SAW MILL, BAIN, etc.  9. Industry to the was due to external causes (VIOLENCE) fill in also	(Usual place of abode)	
OR DIVORCED Unite the word)  5. If married, widowed, each weeked (or) WIFE of (1) WIFE of		
5. If married, widowed, an eliversed (or) WIFE of WIFE	3. SEX 4. COLOR OD RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Frie the word)	Sept. 9 4 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than Idayhrs	5a. If married, widowed, or diversed	
TAGE  Years  Months  Oays  If LESS than I day		12. 12 3/2 00 -
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH AND RELATED A	6. DATE OF BIRTH (month, day, and year) San. 3-1877	I last saw h ez alive on 2erl 9 ,19-30; death is said
8. Trada, profession, or particular kind of work dome, as SPINNER.  SAPVER, BOURKEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAPWINL, BANK, and the work of at this occupation (months and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL RELIGIOUS OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)		to have occurred on the data stated above, at 10 0 m.
kind of work done, as SPINNER, SAWER, BOOKEPER, etc.  10. Oate deceased last worked at this occupation (month and yaar)  11. Total time versity of business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and yaar)  11. Total time versity of business of importance:  11. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State on country)  17. INFORMANT  (State on country)  18. BURIAL, CREATION, OR REMOVAL  Place  18. BURIAL, CREATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)	38 8 0 ormin.	I HE I KINCH AT CHOST OF DEATH and lengted cances of importance
State or country   State or co	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pue Tuberentono 193.
State or country   State or co	9. Industry or business in which work was dona, as SILK MILL,	
Other Contributory Causes of importance:  Other Contributory Causes  Name of operation.  Other Contributory Cau		
(State or country)    13. NAME	1 elited 1	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State on country)  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  Manner of Injury  Nature of injury  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  Manner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  Manner of Manual  (Address)  Manner of Manual  (Signed)  (Address)  Manual  M.  (Address)		
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State on country)  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  Manner of Injury  Nature of injury  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  Manner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  Manner of Manual  (Address)  Manner of Manual  (Signed)  (Address)  Manual  M.  (Address)	13. NAME John E. Harting	
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State on country)  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  Manner of Injury  Nature of injury  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  Manner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  Manner of Manual  (Address)  Manner of Manual  (Signed)  (Address)  Manual  M.  (Address)	14. BIRTHPLACE (city or town) lucely Couply	Name of operation Oate of
Where did injury occurr?  (Specify city or town, county and State)  Specify whether njury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 40	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occurr?  (Specify city or town, county and State)  Specify whether njury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 40	15. MAIDEN NAME / Mary E. Wiley	23. If death was due to external causes (VIOLENCE) fill in also tha following:
Where did injury occurr?  (Specify city or town, county and State)  Specify whether njury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 40	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Address) 40 6 Fine it Salis Manner of Injury  18. BURIAL, CREMETION, OR REMOVAL  Place Out of Oate System of Control of Injury  19. UNDERTAKER Address) Salishy Manner of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address) Auculary M.  Registrar.  (Address) Auculary M.	State on country)	Where did injury occur?
18, BURIAL, CREMETION, OR REMOVAL  Place  Oate	17. INFORMANT Mer Bertie Firegelay	Specify whether njury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER Holomany & Co.  (Address) Falling Mad.  24. Was disease or injury in any way related to occupation of deceased? Loo  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	18. BURIAL, CREMOTION, OR REMOVAL	Manner of Injury
(Address) Jahry M. If so, specify (Signed) (Signed) M. M. Registrar. (Address) Quelly M.	Place / Wess cent Oate Lyst. fl., 1930,	Nature of injury
20. FILED Slept 11, 1935 & May June (Signed) Law Many M. Registrar. (Address) Quely My	19. UNDERTAKER Holloway + 6.	
	20. FILED Sept 11, 1833/ De May Turner	(Signed) Many M. I
	- ff	W. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	001-7-11-5	July 5,1927	Peritonitis	3 days ago		
	ETREATIVES.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	<b>PHYSICIAN</b>
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE	OF	MARYLA	ND-	CERT	IFICATI	OF	DEATH	10	250
ATH					10				

1.	PLACE OF DEATH	<b>3</b>
	County MACONICO	Registration Dist. No. 333
	Village or City Salisbury	No. 80 / It. Main St. 9 War
	(III	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosd
2.	FULL NAME Still form Da	Meley If U. S. Veteran, specify WAR
	(a) Residence: No. Salisbury, Rose	St. Ward.
	(Usua/place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Nale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write 100 word) Sungle	21. DATE OF DEATH  (Month)  (Dev)  (Year)
5a. l	If merried, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed fro
	0,41/ 1621	his cias 19.
	ATE OF BIRTH (month, dey, end yeer) Sept 16, 1930	I last saw h; death is sa
7. A	GE Yeers Months Days If LESS then 1 day,	to have occurred on the date steted ebove, etm.
	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
=	8. Trede, profession, or perticular kind of work done as SPINNER	Date vi
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	DA 9 - 1
Y	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Still form
OCCUPATION		cause unbuown
5	10. Date decesed last worked et this occupation (month end year)	
	year)	Other Contributory Causes of Importence:
12.	BIRTHPLACE (city or town) Sales young	
-1	(State or country)	
HER.	13. NAME James John Frenkley Morris	
Z	14. BIRTHPLACE (etty or town) Luayusco	Name of operation Date of
-	(State or country) Mag	Whet test confirmed diegnosis? Wes there en eutopsy?
MOINER	15. MAIDEN NAME Annal & Statuty	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
5	16. BIRTHPLACE (city or town) Insite and	Accident, suicide, or homicide? Dete of injury19
E	(Stete or country)	Whare did injury conur?
	WEDDINANT Saraha Steinart	(Specify city or lown, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
i7. l	(Address) Salamure Md.	TUNE,
18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place Lakeside Cen Date Selpt 17, 1935	Neture of injury
19.	(Address)	24. Was disease or injury in eny wey releted to occupation of deceased?
	(mulian) salisting may	If so, specify
20.	FILED Sept 7, 1933 - M. May Lunser	(Signed) W. Muy Juney M.
	Registrar.	(Address) Salpasting Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	TO II	Example II	
The principal cause of death and related causes of importance were as follows:  OCT 7 1935	Date of paset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis   ELIMPAIN	G 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR FURTHER STATE	EMENTS BY PH	YSICIAN	
for authornation	of marenta	manne	see lette	
filed molden	Durner 11-8	-35. 4 -C	it Cestilized	10-18-35
	7			73

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10251
1. PLACE OF DEATH	92-0
County MCAMMO	Registration Dist. No.
Village or City Quantic	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city of town where death occurred	
2. FULL NAME Thomas Crawford	Bindy.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DAYORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, that I altended daceased from
186/0	liast saw alive on 19 death is said
6. DATE OF BfRTH (monih, day, and year) 11 C   Days   If LESS than	to have occurred on the data stated above let 3 4 9 m.
78 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada profession or particular	Olympia Value
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	Hout France
10. Data deceased last worked at this occupation (month and 1911) 11. Total tima (years) spent in this 354/kg.	
12. BIRTHPLACE (city or town) / / Haufland	Other Cantributory Causes of importanca:
I 13. NAME Q. a. g. Brady	
13. NAME (1. 4. 1) 13cady  14. BIRTHPLACE (city or town) / Aug tand	Name of operation Date of  Was there an autopsy?
15. MAIDEN NAME annie E. Brady	23. If a last due to external causes (VIOLENCE) fill in also that following:
15. MAIDEN NAME (Mnie C. Jorady  16. BIRTHPLACE (city or town). Jahran (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MIAS XILLIS BRANCH	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Survivio Md. Data 9/9/35,19	Manner of injury
19. UNDERTAKER I Le Diffe a Differen Co.	24. Was disease or injury-in, any way related to occupation of deceased?
20. FILED Deft 9, 1935 Mb & m Wallace	If so, specify (Signed) (Signed) (Signed)
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 9 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	M. J. W. V.	July 5,1927	Peritonitis	3 days ago
	The last recommendation of the last of the			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

Date of enset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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F	Example I		Example II	
The principal cause of de of importance were as foll Arteriosclerosis	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	a in the	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 7 1900	July 5,1927	Peritonitis	3 days ago
	BUREAU Y.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER (Address)

> Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify (Signed).

24. Was disease or injury in any way related to occupation of deceased?

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCI	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

properly classified.

certificate.

TION is very important. See instructions on back of AUSE OF DEATH in plain terms, so that it may

RD. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

4	0	6)	-	. 4
1	U	6	.)	4
and the	~	-		-

1. PLACE OF DEATH		(3)
County Diconico		Registration Dist. No. 333
Village or City Salish		No. 111 4 Can Lew Cule, St., 13 Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where o	Jeeth occurredyrs,mos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME CLOSE	10 TC. Conle	St., 43 Ward.
(a) Residence: No. 14/14	(Usual place of abode)	St.,  Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male Islike	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of . Mac	1 Conley	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, end yeer)	CAN. N.5. 1873	I last sew h alive on Sept. 16 ,1925; deeth is said
7. AGE Years Months	Days If LESS then	to have occurred on the date stated ebove, at 4.507am.
6/1//	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Jrede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Retired Tip huilder	Cardio-renal-basses on Moison Perhans
10. Date deceesed lest worked et this occupation (month and 193/	11. Totel time (years) spent in this, 30 4 LL	)
12. BIRTHPLACE (city or town)	gland	Other Centributory Causes of importance:
13. NAME Charles Co	nley	
13. NAME Clause CS  14. BIRTHPLACE (city or town) (State or country)	Claira Le	Neme of operation Dete of Whet test confirmed diagnosis? Chiral Wes there en europsy? No
15. MAIDEN NAME Monett	a' Pohinson	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME NO NULT  16. BIRTHPLACE (city or town) (State or country)	Hauftand	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Mus. C. M. (Address) Lake hum.	ay Cayley,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Memoring factor	Date 9/19/35,19	Manner of Injury
19. UNDERTAKER THE THIRD (Addiess)	Whin Co.	24. Wes disease or injury In any way related to occupetion of deceased?
20. FILED Sept 18, 19 33 - V.	May Turner	(Signed) Sahahun M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis T 7 1005	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINFAII V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

10255

1. PLACE OF DEATH		92-0
County_ Wicomico		Registration Dist. No. 335
Village or City Sharptown,		NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
the second secon		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ara J. Conno	lly	
(a) Residence: No. (U	sual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. COLOR OR RACE   5. SING OR OR	CLE, MARRIED, WIDOWED, DLYORCED (waite the word)	21. DATE OF DEATH  Sept, I7 1965.  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J.Conn	nolly	22. I HEREBY CERTIFY, There I attended decaased from 1977, to 1935
6. DATE OF BIRTH (month, day, end year)	5th, 1856	I last saw held alive on, 1955; death is said
7. AGE Years Months T	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	cha nt	Thy pullent-if
Data deceased last worked at this occupation (month and year)	l1. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	1	Other Contributory Causes of importance:
II II. NAME John Robinson		
14. BIRTHPLACE (city or town)		Name of operation
(State or country)  Elizabeth Ty	ui Pand	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth Tu  16. BIRTHPLACE (city or town) (Stata or country)  Susie W. Cooper	VIIOPU	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Sharptown	, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sharptown Date	Sept 19 1935	Manner of Injury
W.D.Gravenor & 19. UNDERTAKER Sharptown-	~ A	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept. 19, 1935 Mai	y6) Mann Registrar.	(Signed) M. D.  (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of dea of importance were as foll Arteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	OCT 7 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BURFALLY	. ()			
1	er etallera sepa- ari quita especiale, galar est esp	11.			
Other contributory causes	of importance:	8 7 7 8 11	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21/10/100000 11	1915	Attack of epilepsy	1 week ago
Chronic interstitial negaritis act 7 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREATTY	1.1	78	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrotelerilis	1 year

AD AD	DITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSIC	CIAN
This ling in	s as stoning by mich on "	his back; dispete	T: blood shem
	e Sanga	447	procura
		4	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	332,
County Wiscomed	Registration Dist. No.
Village or City Tareausturg Outside	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	deals occurred in a hospital of maintain, give is 17-11/12, instead of sireet and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Stillborn Day	rip)
(a) Residence: No. lawonstrum ml. on	tside) Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Year)  (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I ettended deceesed from
// 8/:	19 , 10 of 5 7 , 19 3 G
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, et
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trede, profession, or particular	were es follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased lest worked et this occupation (month and	
10. Date deceased lest worked et this occupetion (month and year) 11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Sich in Constitution (State or country)	Other Contributory Causes of importance:
13. NAME & LIVER STATE S	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diegnosis? Wes there an au'opsy?
	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Chruma Dani	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	
Piece Hangs Cemelery Date Sept. 10, 1935	Menner of injury
19. UNDERTAKER Odgar admin (acting) (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Sept. 10, 1925. Liblian R. Davis	(Signed) N. Q. Warles M. D.
doeal Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT SIN S.			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE

should state of OCCUPA-

1. PLACE OF DEATH	48)
County Wiconico	Registration Dist. No. 333
Village or City Panensula Ganeral	Hosival Salishum M& 1 st. 13 Warr
	(If death occurred to a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 180 ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Mandy Demus	If U.S. Veteran apecify WAR.
(a) Residence: No. Chincoledane Va	St., Ward.
(Qsual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED Carrie the wor	
temale white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of alonga Denne	22. I HEREBY CERTIFY. That I attended deceased from
1 2010 of 11 1888	I last saw h.o. y alive on O.A. 2.3 , 1985; death is sai
6. DATE OF BIRTH (month, day, and Vear) Morek 1 VS 0 8 7. AGE Years Months Days If LESS th	76
H7 6 10 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	. were as follows:  Carcinoma of carcinoma
8. Trade, profession, or particular kind of work dona, as SPINNER,	a terre
kind of work done, as SPINNER, Aswyrer, BookKeeper, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occurrent on the period of t	of weeks
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data decaasad last worked at his occupation (month and spent in this	
yaar) occupation	
12. BIRTHPLACE (city or town) lo huistague	Other Contributory Causes of importance:
(Stata or country)	
13. NAME George, W. Corner	
14. BIRTHPLACE (city of town) la huickingue	Name of oparation
(State or country)	What test confirmed diagnosis? Bropory Was there an autopsy?
# 15. MAIDEN NAME Wary Jar	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wary Jarry 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
5 16. BIRTHPLACE (city or town)  (State or country)	Where did Injury occur?
00-00 100	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT Clouded Demand (Address) Cartestagne 1) a	Open, many swarred in modern, in nome, of in open record
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to hickory Va Date lefet 25, 19	3.3 Nature of injury
malon and lack	200
19. UNDERTAKER / CALLER MY COLONIA (Address) Johnson Va	24. Was disease or injury in any way related to occupation of deceased?
Vart 24 35 - 10, 72 - 1	(Signed) far aglemah.
20. FILED Sept 2/19 39 5. May Jus	Me Congress of the contract of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Dollabour

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 7 1935	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN

STATE	OF	MARYLAND-CERTIFICATE OF I	DEATH	10

1. PLACE OF DEATH  County XNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	icomico		Registration Dist. No. 335
Village or City Sharpt		36	NoSt., Ward
	death occurred	(11	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME James R			
(a) Residence: No.	(Llaus Inlace	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   White	5. SINGLE, MAR OR DAYORCE	RIED, WIDOWED,	21. DATE OF DEATH Sept 23 1935  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22.   I HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year)	ay 20.	1881	I last few ham alive on Sept 25, 1935; death is said
7. AGE Years   Months 53 4	Days 3	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 5m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			aretral Amontage
To be an a second of the secon	erchant		
10. Date deceased last worked al this occupation (month and year)	sper	me (years) It in this Ipation	
12. BIRTHPLACE (city or town)	aryland		Other Contributory Causes of Importance:
(State or country)  Zames S. Eat			
13. NAME  14. BIRTHPLAGE (city or town)  (State or country)	rk, Pa.		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
置 15. MAIDEN NAME Ida N.	Wancent		23. If death was due to external causes (VIOLENCE) fill in also like following:
15. MAIDEN NAME Ida N.  16. BIRTHPLACE (city or town) Del  (State or country)	aware		Accident, sulcide, or homicide? Date of injury, 19  Where did Injury occur?
17. INFORMANT Ida R. Rigg (Address) Sharp to	in wnm ?Md.	)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sharptown			Manner of injury
W.D.Graven 19. UNDERTAKER Sharpt	or & Broown, Md.	,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept, 25, 1935	mary E,	Mans, Registrar.	(Signed) S. Likhuan M. D. (Address) Sharpton 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	A Million of Callings of	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SIACE	LOW	L OKTHER	STATEMENTS	DI	THEFT

If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH  County Nicosnico 8	121
County Microsco	12/
	Registration Dist. No. 30/
Village or City / Lebro P. F. D. No.	St.,Ward
P. 10	ital or institution, give its NAME instead of street and number) in U.S. if of foreign birth?mosds.
2. FULL NAME Harry, Gardy	
(a) Residence: No. / St., War	d,  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDI	ICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thanking	(Month) (Day), 1935 (Year)
6. DATE OF BIRTH (month, day, end year) Sec. // 1869 I last saw h. M4 a	REBY CERTIFY, That, I attended deceased from 1,935, to Sefection, Select 19.35 alive on System Well 22 19.35; death is said the date stated above, et /2:30Pm.
1 day,his. The PRINCIPAL CAUS were es follows:	SE OF DEATH and related causes of importance
SAW MILL, BANK, etc.	ral Hemorisace aio Selevoris
10. Date deceased lest worked at this occupation (month and sept 21, 3 spent in this occupation (month and sept 21, 3 spent in this occupation occupation)  12. BIRTHPLACE (city or town)  (State or country)	uses of Importance:  and you come in the second sec
I 13. NAME Lesiah Handy	- Care of the Care
(State or soundful)	Date of
15. MAIDEN NAME 15. MAIDEN NAME 23. If deeth wes due to a Accident, sulcide, or how (State or country)  Where did injury occur	external causes (VIOL ENCE) fill In also the following: omicide?, 19,
Bless Trades AND BAR MANAGE 9 7 4 1081	
	ry in any way related to occupation of deceased?
20. FILED 135, 1935 MM Malley (Signed) Registrar. (Address)  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Be	

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	Example J	1	Example II	
The principal cause of importance were	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 9 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MIDPAU V. S.	July 5,1927	Peritonitis	3 days ago
	- Manage South Till Control of the South Til			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	IONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

10262

1. PLACE OF DEATH	82-0
County Micanus	Registration Dist. No. 999
1 /20 . /	No. 606 PALAN Med St., 5 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME anna 1Delle III.	Highers
(a) Residence: No. 600 1 All Wy (Usual place of abode)	St., St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 78, 193.5.  (Mg/nth) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leanard IV. Thiggins	22.   I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Tune 17, 1863.	I last sawh, Resalve on Jel , 6, 1934; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 457cm.
71 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9 Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end	(enclud personales
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Many land	Other Coutributory Causes of importance:
13. NAME John 21. Madday  14. BIRTHPLACE (city or town) 14. Jan 1. Jan 1	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary apertie	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME May Create  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of Injury, 19  Where did Injury occur?
17. INFORMANT Set 14 1 North Grand (Address) Salishung man	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Land Leveling, Salishing 19/30/359	Menner of injury
19. UNDERTAKER The Thiele & Marion Co.  (Address)	24. Wes diseese or injury in any way releted to occupation of deceesed?
20. FILED Sept 30, 19 35 & May Is MASS	(Signed) (Address) Selles was M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1 1000	Other contributory causes of importance:	
<u>Vanotorieo</u>	May 1,1923	Gastroenteruis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SI ACE	ron	FURTHER	STATEMENTS	DI	FILISICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	County	IV.			(Pb-2)	stration Dist. No. 33	5
	Village or City  Length of residence in ci	ity or town where de		yrsmos	No death occurred in a horpital or institution, give it ds. How long in U.S. if of foreign b		
	(a) Residence: No		(Usual place	( L 1)	St., Ward.	nresident give city or town and	c
	PERSONAL AN	ID STATISTIC			MEDICAL CERTIFI		Jate
3.		n or RACE		RIED, WIDOWED.	21. DATE OF DEATH	23	ر د 193 ,
5a.	If married, widowed, or dive HUSBAND of (or) WIFE of GEO	orge Hit	eh		22. J. HEREBY CER	(Day)  RTIFY, That I attended to Selected 2	(Year)
6.	DATE OF BIRTH (month, da	y, and year) J8	an 23	1859	I fast saw h LV alive on Selek	Cue lece 21 1 19 32	: death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, a	tm,	
	8.6	7	29	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and relatives as follows:	ited causes of importance	Date of onset
LION	8. Trade, profession, or profession,	as SPINNER, PER, etc			Ferostyre of fermer,	Fell down stepse	
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	which HC	ousewif	e	/ See other	e) aide I	
00	10. Date deceased last work this occupation (mo year)	nth and	spe	ime (years) nt in this upation	Fracture due to socidenta		
12.	BIRTHPLACE (city or town) (State or country)			***************************************	Other Contributory Causes of importance:	0 -0 **	
ER	13. NAME Samuel	W. Waklk	cer		was called.	Whear Angairron.	
FATHER	14. BIRTHPLACE (city or to (State or country)	Md own)			Name of operation	Date of	
2	15. MAIDEN NAME NA	non M Da			What test confirmed diagnosis?		
MOTHER	16. BIRTHPLACE (city or to				23. If death was due to external causes (VIOL Accident, suicide, or homicide?		
17.	INFORMANT Anna (Address) 808	McWillia N. 8 st	ams Camden	N.J.		y city or town, county and State RY, in HOME, or in PUBLIC PLA	ACE.
18.	BURIAL, CREMATION, OR F	REMOVAL			5 Manner of injury Accidental for Neture of injury Frontiers of	lh. ferrura	
19.		Gravenor Sharptov		3	24. Was disease or injury In any way related  If so, specify	U .	A
20,	FILED Sept. 25	1935 Ma	ry Es	Manu Registrar.	(Signed) William (Address) — H	elson- md	M. D.
		If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U	). S. No. z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 7 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
SUCCESSION V. S	S synthetic to		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Saw Mare a net Haber Telebeurber 2014, That hour from
Law More aret. Hately Telebeurber 201. That hour hour
Gospital with packel of leg and comologe, Muchle by get
history. not called to see the after September 2/21

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County // Comes	Registration Dist. No. 333
Village or City Salesbury Mg.	No. 106 Passes St., 13 Ward ideath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	
2. FULL NAME Isersh S. Hoff	2 -If U.S. Veteran specify WAD.
(a) Residence: No. 106 Pine	St. 13 Ward. Jahin Md.
(Usual place of abode)	If nonresident give eily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COOR OR LACE 5. SINGLE, MARRIED, WIDOWED, OR DEFORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attanded dacaasad from
Ma P. P. and 10110	1920, to 24, 10
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1991; death is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Irada, profassion, or particular	ware as follows:  Date of onset
Lada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	1.7.30
Rind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, atc.  10. Oate deceased last worked at this occupation (month and	
11. Oate deceased last worked at this occupation (month and year)	
Near latit	Other Contributory Canses of Importanca:
12. BIRTHPLACE (city or town)  (State or country)	
CE 13. NAME SILLE STATE	
13. NAME  14. BIRTHPLACE (city or town) Clan  (State or contain)	Name of acception
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sallie White.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Number 16. State or country	Accidant, suicide, or homicide? Oate of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Hary Hottle (Addrass) (Addrass) # 15 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	(Specify city or town, county and State) Stacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF TEMOTAL	Mannar of injury
Place Beth thuch compare fly -//9, 1933	Natura of injury
19. UNDERTAKER Hollowy 4 Co. (Address)	24. Was disaase or injury In any way ralated to occupation of decaased?
20. FILED Sept 19.19 38 / D. Peray June	If so, specify (Signad)  (Signad)  (Signad)
Registrar.	(Address) Sesterling, lead,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OC1 7 1955			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10265
1. PLACE OF DEATH	ch. (70-a)
County Me Cornely	Registration Dist. No. 333
Village or City Salusty 114.	No. P.S. Wrysland St., 13 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Marce Kelley.	If U.S. Veteran and ify WAR.
(a) Residence: No.	St., Ward./ Persona /114.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEA 4. COLOR OR PACE 5. SINGLE MARRIED, WIDOWED, OR DESPREED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorted HUSBAND-01 (or) WIFE of Clark Kelley.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	I last saw h alive on, 1935; death is said to have occurred on the date stated above, at, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and speaking) in this server the server of the se	Preferra
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)  (State or country)	Other Coutributory Causes of Importance:  Blucking from all name was
13. NAME John Cunturo	
13. NAME  14. BIRTHPLACE (chy or town)  (State or bountry)  13. NAME  (Curtus  (State or bountry)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Plail Namel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Clark Kelley.  (Address) Winona Md.	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INBUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL DEMATION, OR REMOVALONDA DATE 15, 1935	Manner of injury
19. UNDERTAKET THE S. S. Seland Miles	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED Sept 14,9:35 W. May Junes Registrar.	(Signed) M. D. (Address) Subshing Vicinity
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 7 1900	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
County Inavers	Registration Dist. No. 333
Village or City Sulishing	topoled st. 13 ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)  Osds. How long In U.S. if of foreign birth?yrsmosds.
Suil bond	Pl., If U.S. Veteran specify WAR.
2. FULL NAME TO Trum	7.4
(a) Residence: No. STULLE (Sual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) State down	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I, HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	19 to 19
6. DATE OF BIRTH (month, day, end year) 9/7//4 3 5	last say a fulfive on bru 19 ; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, atm.
Still bru 1 dey,hr	warn as follows: Or DEATH and related causes of importance
8 Trade profession or particular	Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	All. Mu
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation.	
Ph 11 115I	Other Contributary Causes of Importance:
(State or country)	ATO
13. NAME Plusak Kalan	- Jun rome
13. NAME Clust Culty -  14. BIRTHPLACE (city or town) Journal Co	Name of operation Date of
(State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME many Payling	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many Cashing  16. BIRTHPLACE (city or town) - Server to	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT Supply Jesu Yen Lospy (Addross) Shally bury Ind retring	Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Styles of al Date Styles 1, 199	2- Neture of injury
19. UNDERTAKER Sansing Tons Stone Tonshill	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Stalisbury, Mod	If so, specify
20. FILED Sept 7, 1935 & May Junes	(Signed) M. D
Registrar.	(Address) Authory Cal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Obnania international and Paris	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

Exact statement of OCCUPA-

V. S. No. 1

1. PLACE OF DEA Wicon	nico			Registration Dist. No. 330
Village or City			38 yrs mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME	Annie	I.Kenner	rly	
(a) Residence: No.		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH Sept 3 1935 (Month) (Day) (Yeer)
5a. If married, widowed, or diventional HUSBAND of Geo	rge W.K	ennerly		1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, da	y, and year)	Oct I4,	1862	Wast saw h alive on 1975; death is self
7. AGE Years 72	Months IO	Days II	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or p kind of work done, SAWYER, BOOKKEI  9. Industry or business is work was done, as SAW MILL, BANK,  10. Date decayanation (mo.	PER, etc.	ousewif		Teste Physicalic Teach; duration, 3 months.
9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL,	OUREMIT	<b></b>	months & Cristin
10. Date deceased last wo this occupation (mo year)	nth and	11. Total ti spei	ime (years) nt in this upation	
12. BIRTHPLACE (city or town) (State or country)	1 0 1.1			Other Centributery Causes of importance:
13. NAME	na Robi	nson		
13. NAME 14. BIRTHPLACE (city or to (State or country)	212			Neme of operation Date of Date of Was there en eulopsy?
15. MAIDEN NAME I	sabelle	Elliot	t	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME I 16. BIRTHPLACE (city or to (State or country)	own)	(d		Accident, suicide, or homicide?
17. INFORMANT George W. Kennerly (Address) Riverton, Md				(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR 1		~	+ E TO75	Manner of Injury
PlaceRi-ver				Nature of injury
19. UNDERTAKER Sharptown , Md.			10	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept 5.	35 JW	Ulimm	Vor Registrar.	(Signed) . M. I (Address) M. I (Address) M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	The second second	Example II	
The principal cause of death and related of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	RFURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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Example I	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis or by Too.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10269
1. PLACE OF DEATH	
County Wie very co.	Registration Dist. No.
Village or City Saliabrung, Wd.	No. 1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert Mason	If U.S. Veteran specify WAR
(a) Residence: No. Poconcake Carty	Scal. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  Defteruler (6, 1935  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 3, 193/	I lest sew h slive on 9/6 ,193 ; death is said
7. AGE 4 Years Months Days If LESS than	to have occurred on the date stated above, at 120m.
2 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(1) = 77 - 17 -
9 Industry or husiness in which	- Terrore
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Sangruora Offendutio
13. NAME Stanley Masore	
13. NAME  14. BIRTHPLACE (city or town) Newscars (State or country)	Name of operation Officereductions Date of 6 - 34
(State or country), Mcd,	What test confirmed diagnosis? Ofer the Was there an autopsy?
15. MAIDEN NAME Heldo Mattlews  16. BIRTHPLACE (city or town) acoruoc les;  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) eccourage (co)	Accident, suicide, or homicide? Date of injury, 19
(State or country) (Jergerrea	Where did Injury occur?
17. INFORMANT (Address) How the Cety Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION OR REMOVAL	Manner of injury
Nebrooks Cour Mo- Date Date 8, 1950	Nature of Injury
19. UNDERTAKER RAMON Struct Structure (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept Gro 33 - L. Tray James	(Signed) College Thinks M. C.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitid nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 7 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS I	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	nell, 46-6
County Melonies	Registration Dist. No.
Village or City Delman Maylan	No
	sdsbowlong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stella Chrafell	St., Ward. Maryland.
(a) Residence: No ( Usual place of abode)	Af nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OF RACK 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or proceed HUGDAND of Corr WIFE of Phillips C. Matthews	22. HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) May 211883	I last saw has alive on 1997, 1935; deeth is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
32 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	mile milastaris to mile
9. Industry or business in which work was done, as SILK MILL.	Sivis
SAW MILL, BANK, etc.  10. Date deceased last worked at this octubility (yeers) spant in this year occupation.	-
12. BIRTHPLACE (city town) Rear Delgman	Other Contributory Causes of importance:
(State or country)	- Coma 2days
13. NAME (Little 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Legar	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT July C. Matthew May (Address) P. J. 19: #1. Delma Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Delan Delan Delan 30, 19-3.	Manner of injury
19. UNDERTAKER Hollory of to-	24. Was disease or injury in any way related to occupation of deceased?
(Address) Selecting Mig.	If so, specify
20. FILED SPT. 29, 19/5 Harry & Andsor	(Signed) (Address) Anthron Del

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	3.	
Man 1 1000	Other contributory causes of importance:	
May 1,1925	Gastroenterius	1 year
	1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	<b>PHYSICIAN</b>
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TION is very important. See instructions on back of certificate.

1	. PLACE OF DEAT	гн			(23)	+ 0 0
	County Wicor Village or City Sal		Md-	Tubercu	losis Sanatorium Registration Dist. No	333 Ward
	Length of residence in cit			1 0	death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?mrsm	
2	. FULL NAME	Sylvanus	McCall	lister	If U.S. Veteran specify WAR. NO.	
Ī	(a) Residence: No			.)	St., /3 Ward. Salisbury, Md.  If nonresident give city or town and	
	PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 6, 1935 (Month) (Day)	_, 193 (Yaar)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That Lattended 19.32 to August 5	19.35
_	OATE OF BIRTH (month, day	1		1877	I last saw harman aliva on Agent 2000, 1935	_; death is said
7.	AGE Years	Months	Days	If LESS than  1 day,hrs.	to have occurred on the data stated above, atQAe.m, The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	58	7	1 1	ormin.	were as follows:	Date of onset
CUPATION	8. Trada, profession, or pa kind of work dona, SAWYER, BDOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e	es SPINNER, PER, etc which SILK MILL, etc	Steam F:		Pulmonary Tuberculosis	1930
00	O. Data deceased last wor this occupation (more year)	rked at nth and	spa spa	tima (years) Int in this Upation	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town) (State or country)	Maryla	and		Unit Continuous Consess of Importance.	
ER	13. NAME Green:	sbury Mo	ccallis	ter		
FATHER	14. BIRTHPLACE (city or to (State or country)	wayMa	aryland		Name of operation Data of What tast confirmed diagnosis? Was there an	
ER	15. MAIDEN NAME EL	i a Jan	e Baker		23. If death was dua to external causas (VIOL ENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or to (Stata or country)	(wn)Ma	ryland		Accident, suicide, or homicide? Data of Injury  Where did Injury occur?(Specify city or town, county and Sta	
17.	INFORMANT De (Address)	ceased			Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	
18.	BURIAL, CREMATION, DR F	REMOVAL	DateAge	1.8. 1930	Manner of injury	
19.	UNDERTAKER HOLE	fortal	+ Com	d	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED Sefst 7,	19 35-	V. Mi	y Jumes Registrar.	(Signed) (Address)	nd. m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLA

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 7 1985			1 1 1 1 1 1 1	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
Enterprise Control of the control of			- 3301	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 10 OMICO County Wear Mardela			[3]	Registratio	n Dist. No. 33. 7		
	Village or City				St.,	Ward	
Length of residence in city or town where	2	yrsmos	No		ME instead of street a	nd number)	
(a) Residence: No.	(Usual place	of abode)	St.,Waŗd	If nonresid	ent give city or town	and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	CERTIFICA	TE OF DEATH	1	
3. SEX Female 4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Sept (Month)	9, 193	5 , 193(Year)	
(or) WIFE of	tchell		22. I HEREB		FY. That I attend		
6. DATE OF BIRTH (month, dey, and yeer)  7. AGE Years Months  6.8 5	Days 5	IS67  If LESS than I dey,hrs. ormin.	to have occurred on the dete stell The PRINCIPAL CAUSE OF DEA			Cate of oneset	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	sper	ime (years) nt in this upetion	Other Contributory Causes of imp	- nef	Taidiha luiha		
12. BIRTHPLACE (city or town) Md (State or country)					*************		
Henry Johnso	on				•••••		
13. NAME HENRY JOHNS ( 14. BIRTHPLACE (city or town) (State or country)			Name of operation Whet test confirmed diegnosis?				
15. MAIDEN NAME Margaret Gall 16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT George W. Mitchell			23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?			, 19 State)	
(Address) Mardela  18. BURIAL, CREMATION, OR REMOVAL	ı, Md.					••••	
Place John Wesley	Church Sep	t II., 19					
19. UNDERTAKER W. D. Graver (Address) Sharp		,	24. Was disease or injury in eny If so, specify	way related to oc	cupation of deceased?	el m.r	
20. FILED 19	125	Registrar.	(Address)	H	elrou- 1	md.	

PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PEA

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TION is very important. See instructions on back of

of OCCUPA.

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I V L	100	Example II				
The principal cause of death and related causes of importance were as follows: 5 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis BURRAU V. S.	1921	Run over by street car	1 wcek ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenlerilis	1 year			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-OCCUPA-1. PLACE OF DEATH LC0 Jo Registration Dist. No. plnods Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town whera death occurred How long in U.S. if of foreign birth? statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, ORDDIVORCED (write the word) PERMANENT (Month) (Day) (Yaar) BINDING classified. 5a. If married, widowed, or divorced HUSBAND of ERTIFO That I attended deceased from (or) WIFE of : death is said 6. DATE OF BIRTH (month, day, and year) certificate. to have occurred on the date stated above, at-If LESS than 7. AGE Years Months Davs 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Date of ensat 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc..... THIS. OCCUPATION MARGIN RESERVED Jo may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data deceased ast worked at on this occupation (month and that vaar¥ instructions 12. BIRTHPLACE (city or town (State or Country) FATHER Nama of operation. 14. BIRTHPLACE (city or town) plain (Stata or country) What test confirmed diagnosis? ..... Was there an autopsy? carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Data of Injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Whera did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE plnous very OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE mation Leag .. Date !! LION Nature of Injury\_ 24. Was disease or injury In any way related to accupation of deceased? 19. UNDERTAKER (Address) If so, specify a (Signed) Registrar.

If more blanks are beeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II				
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BUREAU V. S.						
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County	ellomes	Ca.		Registration Dist. No. 3	3/
Village or City	Que	lie		NoSi	t
Length of reside	nce in city or town where d	مر المحمد		f death occurred in a hospital or institution, give its NAME instead of stree  sds. How long in U.S. if of foreign birth?yrs	
The state of the s	×1 1 -	H N	20 4 - 1		mos
2. FULL NAM		ia //	Laon	If U. S. Veteran, specify WAR	
(a) Residence	: No	(Usuai place	e of abode)	St., Ward.  If nonresident give city or tow	n and State
PERSONA	L AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX	. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
bemale	a a.	Luis	ED (write the word)	(Month) (Day)	, f93_*
M. If married, widowed HUSBAND of					
(or) WIFE of	и	nknow		22. I HEREBY CERTIFY, That I atte	ended decease
6. DATE OF BIRTH (mo	onth day and year)	bunt	1820	liast saw her alive on coping 19	SJ death
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, a 2. 45 m.	, 0000
8-5-	_	-	f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 8. Trade, profession	n, or particular		1 0	note as follows.	Date
	k done, as SPINNER, DOKKEEPER, etc			Chronic Valerlan Changeson	my this
9. Industry or but	siness in which one, es SILK MILL, BANK, etc	9	0.		
O 10. Date deceased	last worked et	f1. Total	time (years)		
this occupet	ion (month and	sp occ	ent in this / 5-		
12. BfRTHPLACE (city of	60ame	Que	7	Other Contributory Causes of importance:	
(State or country		2	- rel	auco diflom. Nhewalin	17
13. NAME SOL	arles de	Lute.			
H 14. BIRTHPLACE (c	ity or town) LO ass	nes &	Zuale	Name of operation Date	of
(State of co		n	-d	What test confirmed diagnosis? Wes ther	
f5. MAIDEN NAME	aufan	aun		23. If death was due to external causes (VIOL ENCE) fill in also the fol	
( <del> </del>	ity or town)	kann	www.	Accident, suicide, or homicide? Date of injury	f
∑ (State or co	untry)	4 0		Where did injury occur? (Specify city or town, county as	18
17. INFORMANT	mull I	ale		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
(Address) f8. BURIAL, CREMATIO	N OP REMOVAL	slus	y and		
Place Place	Till 6	Date Date	130,19 3	Manner of injury	
0	100	- 7		Nature of injury	220
19, UNDERTAKER (Address)	of blee	work		24. Was disease or injury in any way related to occupation of decease	d?
		and her	4 3 10	If so, specify 6	
(Address)	91 21-2	1100 -	L'IIIODT	(Signed)	- 1

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Example 1		Example II	1000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAIL Y. S		•	
Other contributory causes of importance:	in the time	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. 19. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
007 7 1025			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHI	R STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE

(Year)

How long in U.S. if of foreign birth? If U.S. Veteran specify WAR ... If nonesident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from 1935 to 200 to have occurred on the date stated above, at \_5 The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

S. No.

20. FILED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No Friend

BINDING

MARGIN RESERVED

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Example E VED		Example II	
The principal cause of death and related causes of importance were at follows: 7 1995	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparitis UREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10279
1. PLACE OF DEATH	(59)
County Niconsico	Registration Dist. Np. 333
Village or City Colishury	No. You I sie House ho
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city on town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME John Ocall Tarks	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH 26 193 5
5a, If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 11 1933	lest saw h alive on 1973; deeth is sel
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, etm.
ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	flealitic Climan Land
SAWTER, BURNEEPER, etc.	teller is all to
work wes done, as SILK MILL, SAW MILL, BANK, etc.	and was meeting with
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and spant in this	
yeer) occupetion	
12. BIRTHPLACE (city or town) fun Accoma	Other Contributory Causes of importance:
(State or country) Account by Un	,
I 13. NAME 6 Russ Parks	
14. BIRTHPLACE (city or town) The Accuracy	Neme of operation Dete of
(State or country) A decemail Ou	Whet test confirmed diagnosis? Was there an eutopsy?
I 15. MAIDEN NAME (Mildrell & Scatt	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME (Mildred & Scatt  16. BIRTHPLACE (city or town) New Doubling f	Accident, suicide, or homicide?
Stete or gountry)	Where did injury occur?
Will of Acuth	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,
17. INFORMANT (Address)	opening whether injury occurred in Model Kir, in Monie, of the Poblic Flace,
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Piece testestup, va. Date bytt 27, 1935	Neture of injury
19. UNDERTAKER Denne Duc	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Perkesting ba	If so, specify
20. FILED Sept 27, 19 35 - O. May Turner Registrar.	(Signed) M. (Address) M. (Addre
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritas (T 7 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU V. S.			
Anticomposition of the control of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of enset

Wes there an autopsy?

BINDING RESERVED MARGIN

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OCT 7 193			
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BI	PHYSICIAN	

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Completed however are	1921	Run over by street car	1 week ago
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SUDBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should be

AGE

CAUSE OF DEATH in plain terms, so that it may be

be carefully supplied.

-WRITE mation

N. B.

# STATE OF MARYI AND -CERTIFICATE OF DEATH

1. PLACE OF DEAT	Н				J. 4
County All	omico			Registration Dist. No. 113	36
Village or City	lma		(1)	No. St., St., death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city	or town where deat	h occurred	vsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME	The I	are x	Sania		
(a) Residence: No.	Tine /8	Y LOC (Usual place of	lma	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND	STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR	OR RACE 5.	SINGLE, MARE OR DIVORCED	RIFD, WIDOWED, (write the word)	21. DATE OF DEATH	3.5
5a. If married, widowed, or divorce	ed .	Mar n	-	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	7.8			22.   HEREBY CERTIFY That attended dece	ased from
	0	, ,		1925, to day 1	195.5.
6. DATE OF BIRTH (month, day, a	Months	Days	If LESS than		ath is said
48	Vo	Days	1 day,hrs.	to have occurred on the date steted above, at 30 Cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or part	0	11	ormin.	were as follows.	te of onset
8. Trade, profession, or particle kind of work done, as SAWYER, BOOKKEEPE	SPINNER,		a le	Casemone of ordy of ulesur	
4 9 Andustry or business in w	hich	user	S. S. S. S. Co.	mille Mulliplan u	
work was done, es SIL SAW MILL, BANK, etc.	K MILL,			Many	
10. Date deceesed last worke	d at end	11. Total tin	ne (years) tin this	- A	
year)		ocaul	oation	Other Contribution Control in a decident	
12. BIRTHPLACE (city or town)	Delm	/		Other Contributory Causes of importance;	
(State or country)	no ok	Celana	4	Isune Porsonny Va	oden
13. NAME Life	John	Inela.	~		1
13. NAME Light 14. BIRTHPLACE (city or town	5/	0		Neme of operation Date of	
(State of country)	That	ylano	(	Whet test confirmed diagnosis? Was there en au'op:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town	ulen (	march	Ellert	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	
6 16. BIRTHPLACE (city or town	)			Accident, sulcide, or homicide? Date of injury	19
(State or country)	mus	ylan	1.	Where did-injury occur?	
17. INFORMANT 7.	x. Sal	mia		(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Leel	man,				
18. BURIAL, CREMATION, OR REM	OVAL Leel	mar, a	eu	Manner of Injury	
Place 2.	<u> </u>	ate	19-,1935	Nature of injury	
19. UNDERTAKER AND LIE	8. 99	Celan		24. Was disease or injuring any way related to occupation of deceased? Z	
20. FILE Sept. 19, 19.	35 Har	4 E. H	Registrar.	(Signed)	M. D.
	If more blan	es are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

E:	xample I		Example 11		
The principal cause of dea of importance were as follow	OWS:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WHEAU.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes  Gallstones	of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	CT 4 1939				
BU	REAU V. S. DIFFIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10283
1. PLACE OF DEATH  County WL comico	Registration Dist. No. 333
Village or City of leabury	No. Maryland The San Exel Sward death occurred in anorpital or institution, give its NAME instead of street and number?
Length of rasidence in city or town whera death occurredyrsmos	
(a) Residence: No. Tenar Sella Syrunger (Usual place of abode)	Myst., Ward. Mardella Springs If nonresident give city of lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Seslie G. Schoffer (or) WIFE of Seslie G.	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) about 1912	I last saw here alive on A 31 , 1935; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
2-3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Muchin Official SAWYER, BOOKKEEPER, etc.	pulmonay Jubuculoris GpA. 18.
Kind of work done, as SPINNER, Muchin Official SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and 1933 year)  11. Total time (years) spent in this year	
12. BIRTHPLACE (city or town) Mardella Springs: (State or country) Muchanica Co.	Other Coutributory Causes of Importence:
	1
I	
[State or country]	Name of operetion
15. MAIDEN NAME Edna Brach.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wayne Co.  (State or country)	Accident, suicida, or homicida?
17. INFORMANT Charles of Sanatoreum.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD Placa Date Sept 3, 1935	Manner of injury
19. UNDERTAKER W.D. Gravenor & Bro. (Address) Sharptown Md.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Sept- 1, 19 33 . V. May June Registrar.	(Signed) Affindle M. D. (Address) Albertay M.D.
If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	KECET	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OC1 1 1300	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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10.—The month and year the deceased last worked at the occupation.

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Example I	and or the last	Example II		
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	1
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V. S. No. 1

STATE O	F MARYI	AND-	CERTIFI	CATE	OF	DEATH
DIAIL	I 1414/1/17	LAIND	CLIVIII	CUIT	OI	DLAII

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A.	0	. 1	1	3 4	
- 7	1.2	1.	3	. 1	
- 8	V	100	1	4.3	

1. PLACE OF DEATH	(2)
County Tireomies	Registration Dist. No. 337
Village or City Discalre Md	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME I headorf Alrem	berger
(a) Residence: No. Disable (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. G1 HEREBY SERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Dec. 29.186	I last saw h alive on 7 19 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.42-m.
74 9 14 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular kind of work done, as SPINNER,	Charte Slormercelar Date of one ot
SAWYER, BOOKKEEPER, etc	
	Complicating.
SAW MILL, BANK, etc	Deniga prostatic enbargement. Deceased had
12. BIRTHPLACE (city or town) Bellymore (State or country)	Other Contributory Causes of importance:
13. NAME J. OF ALTERNATION 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME Margarett Wilson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) - Frederice (State or country)	Accident, suicide, or homicide?
17. INFORMANT Set Abremberger  (Address) Swald Mills	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1941/11/19/19/19/19/19/19/19/19/19/19/19/19	Nature of Injury
19. UNDERTAKER Mrs (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sipt 13, 1931- (P. Worlford Walle	(Signed) Mantelohy my M. D
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, rame other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAUV				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL S	PACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH

-1	0	0	()	13
1	U	4	0	)

1. PLACE OF DEATH	(82-0)
County Mycomics	Registration Dist, No. 333
Village or City Andread Track	( No. 222 Sabella St. 3 Ward
A landth of residence in either a town when death and the second	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Journa 2.	Hall
(a) Residence: No. 22 2 & Man (Usual place of abode)	Mast, D Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	
OR DIVORCED (write the worg	
5a. If married, widowed, or divorced	(Menth) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That t attended deceased from
Juga a. succ	9/13 ,1935,10 7/14 ,1935
6. DATE OF BIRTH (month, day, and year) Apt 1518	18 I last saw h ar alive on 9/14, 193 ; death is said
7. AGE Years Months Days Af LESS that	
86 11 29 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chaplery
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	
ma	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Docuelity.
	- Century
E O A	Le f
14. BIRTHPLACE (city or town).	Name of operation
	What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)	23. If death was due to external causes (VIDLENCE) filt in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homlcide? Date of injury, 19
Colate of Country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT July	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Marco 455
Place Mary ate my Date April 16,190	Manner of injury
1 2 all A	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
(nulls) any my my	If so, specify College Control of College Coll
20. FILED & eft 7, 19 39 D. May Jum	(Signed) M. D.
Registrat	(Address) Salisany Mill

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE C	OF MARYL	AND-CERTIFIC	ATE	OF	DEATH
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10287

1. PLACE OF DEATH	82.0
County Meenico	Registration Dist. No. 333
Village or City Dalesbury reel	No. 224 2 Lake St. 9 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long In U.S. if of foraign birth?yrsmosds
2. FULL NAME True Thomas	
(a) Residence: No. 224 You at (Usual place of abode)	St., Z Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Feeelel Colora OR DIVORCED (write the word)	Defteucher 13 25, 1935, (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Coleanses Steoman	96 1934 to 9/13 1936
6. DATE OF BIRTH (month, day, and year) Week 4, 1908	last saw har aliva on 9/13 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 232m.
· 27 6 9 1 day,hr	mere as follows:
8. Trade, profession, or particular kind of work done, as SPINIER,	Date of one et
SAWYER, BOOKKEEPER, atc	Coentral Heworkage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this pocuration (month) and	
10. Date deceased last worked at   11. Total time (years)	
this occupation (month and 13 spent in this occupation this oc	<u>c</u>
12. BIRTHPLACE (city or town) Spruttand	Other Contributory Causes of importance:
(State or country)	
13. NAME / Constaplier  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Concellation Was there an autopsy? 24
15. MAIDEN NAME Mostle Harmon	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Olcas Ostromas (Address) Balishum med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2014	Manner of injury
Place M/ Calvery Colon; Date Defet 15, 193	S- Nature of Injury
19. UNDERTAKER Jas F. Slewa It	24. Was disease or Injury in any way related to occupation of deceased?
(Address) / Salyalyny and	if so, specify
20. FILED Sept 15, 19 35 - V. Man Turn	(Signed) Clean Gr. Hacker M. D.
Registrar.	(Addrass) Dalisher net

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I amanana and an analysis		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 7 1995	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BURFAIT V. C.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	HO MIG
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arterioselerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
Lancing Control of the Control of th		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones	stroenteritis	1 year
,		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-7
county Wicken Co.	Registration, Dist. No. 333
Village or City 2 alia bun Ud.	No. Lu. Sul. More Raward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of institution, give its IVALVIE, instead of sireor and aumoer) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sunta Unione	Compan spair When I
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 9 - 19 - 19335
- Supplies	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Paul Truett	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, dey, and year) aug 23, 1919	I last saw h eliva on 9/19, 19; death Is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 222 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	Janstin Jans
9. Industry or business in which	- Carrier - Carr
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decaased last worked at this occupation (month and spent in this occupation	
See .	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Street order of the
	Years
Ξ	80-15
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of 7/19/36
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO Da leay Hold	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury 9/19, 1935
(State or country)	Where did injury occur? On state Rose
17. INFORMANT AND MANAGEMENT (Address) Millands	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury and accidence
Place Alla Hope Capata Sept 1990	Nature of injury Commence Object & Lacrockers
19. UNDERTAKER De By Hickory	24. Was diseesa or injury in any way ralated to occupation of decaesed?
(Address) millstone Ask	If so, spacify
20. FILED Slept 4, 19 33 D. May Junes Registrar.	(Signad) M. D.  (Addrass) Saluding M. C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	